

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561578

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1			52						
3	2			1			53						
4	1			1			54						
5	1			1			55						
6	1		1				56						
7		1		1			57						
8	8			1			58						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2										
TOTAL DEP.		8											
TOTAL CLAIMS		10											